

REMARKS

Enclosed is a check for \$3,360.00 in payment of the fees to claims added by this amendment. Should this check be missing or incorrect or any additional fees be required (except for payment of the issue fee), the Assistant Commissioner is authorized to charge such fees to Jenkins & Gilchrist, P.C. Deposit Account No. 10-0447, Order No. 47171-00139USC1.

Respectfully submitted,



Roger J. French

Reg. No. 27,786

Jenkins & Gilchrist, P.C.

1445 Ross Avenue, Suite 3200

Dallas, Texas 75202-2799

312/744-0090

Attorneys for Applicant

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>8-15-00</u>		2 Serial/Patent #: <u>09076528</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/>	Filing <u>PCE</u>	<u>14</u>	<u>5/9/00</u>	\$ <u>690</u>
	Amendment			\$
	Extension of Time			\$
	Notice of Appeal/Appeal			\$
<input checked="" type="checkbox"/>	Petition	<u>13</u>	<u>5/9/00</u>	\$ <u>130</u>
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
	Other			\$
		7 TOTAL AMOUNT OF REFUND		\$ <u>820</u>
		8 TO BE REFUNDED BY:		
10 REASON:		Treasury Check		
	Overpayment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:	
<input checked="" type="checkbox"/>	Duplicate Payment		, <u>10--0447</u>	
<input checked="" type="checkbox"/>	No Fee Due (Explanation):			
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME:		TITLE: <u>Pats E/in</u>		
SIGNATURE: <u>Frances Wicks</u>		PHONE: <u>305-8680</u>		
OFFICE: <u>4900</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: <u>Diana Giffis</u>		DATE: <u>8/17/00</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: